SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. IND. IND. IND. DEP. IND. DEP. DEP. TOTAL TOTAL IND, TOTAL DEP. TOTAL DEP. TOTAL CLAIMS / & TOTAL CLAIMS